

FORM PTO-1083

Attorney Docket No.: 101.0107-01000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/719,424

Filed: November 21, 2003

For: EXPANDABLE INTERBODY SPINAL  
FUSION IMPLANT WITH EXPANSION  
CONSTRAINING MEMBER AND METHOD  
FOR USE THEREOF

Confirmation No.: 3402

Art Unit: 3733

Examiner: Pedro Philogene

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**JAN 08 2007**Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated September 19, 2006 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one-month extension of time to respond to the above office action.
- ☒ A Terminal Disclaimer is enclosed.
- ☒ An Information Disclosure Statement Under 37 C.F.R. § 1.97(c) with Form PTO-1449.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	43	-	41 **	2	LG=\$50 SM=\$25	\$ 100
INDEPENDENT CLAIMS FEE	5	-	3 ***	2	LG=\$200 SM=\$100	\$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 500.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$930.00 to cover the \$120 extension fee, \$500 additional claims fee, \$130 Terminal Disclaimer fee, and \$180 IDS fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
MARTIN & FERRARO, LLP

Date: January 8, 2007

By:   
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**TO:**

**Name:** Mail Stop AMENDMENT  
Group Art Unit 3733/Examiner Pedro Philogene

**Firm:** U.S. Patent & Trademark Office

**Fax No.:** 571-273-8300

**Subject:** U.S. Patent Application No. 10/719,424

Gary K. Michelson

Filed: November 21, 2003

EXPANDABLE INTERBODY SPINAL FUSION

IMPLANT WITH EXPANSION CONSTRAINING

MEMBER AND METHOD FOR USE THEREOF

Attorney Docket No. 101.0107-01000

Customer No. 22882

Confirmation No.: 3402

**FROM:**

**Name:** Thomas H. Martin, Esq.

**Phone No.:** 330-877-2277

**No. of Pages (including this):** 19

**Date:** January 8, 2007

**Confirmation Copy to Follow:** NO

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**Message:**

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$930.00 total amount to cover the \$120 one-month extension fee, \$500 additional claims fee, \$130 Terminal Disclaimer fee, and \$180 IDS fee is to be charged to Deposit Account No. 50-3726), Amendment, Terminal Disclaimer, and Information Disclosure Statement Under 37 C.F.R. § 1.97(c) with Form PTO-1449 are being facsimile transmitted to the U.S. Patent and Trademark Office on January 8, 2007.

  
Sandra L. Blackmon

If there is a problem with this transmission please call Sandy Blackmon at 330-877-1202 or the sender at the number above.

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